

if medically essential information is going to be elicited. Using a brief screening history, followed by a problem-oriented history when indicated, physicians in one study found that asking patients about their sexual functioning was of medical value in 50% of cases. In this study, 98% of the patients who had been asked about sexual function reported that this questioning was appropriate.¹⁰ The study predated the AIDS epidemic.

Medical value and appropriateness were reported when the issues raised by sexual history-taking had more to do with the quality of life than the threat of loss of life. While AIDS may be an important impetus to begin including sexual histories in medical history-taking, it would be unfortunate if the sexual history is only valued for its ability to disclose risk for a life-threatening disease. When sexual problems go unrecognized, they may become the basis for nonsexual presenting complaints such as insomnia, headaches, backaches, depression or vague somatic complaints. Literature on sexuality and cancer, renal disease, spinal cord injury and countless other diseases or disabilities emphasizes that attention to sexual concerns and dysfunctions can have a positive impact on physical and emotional well-being.

Through sexual history-taking physicians can determine if sexual problems are the result of the use of drugs or alcohol, the presence of vascular or neurologic disease or other diseases or disabilities, the treatment of which might alleviate the sexual problems. Each year with persistent exploration of problems in sexual function, research increases our understanding of the interconnection between sexual function and other aspects of the physiologic system. Whereas ten years ago most sexual problems were considered psychological problems, today we have discovered the adverse impact of vascular disease on erectile function, radiation treatment on libido, drugs on libido and erectile function and many other areas in which sexual problems prove to be medical in origin. Improved routine sexual history-taking is likely to suggest more answers to the questions that remain for sexual problems that do not improve with psychiatric treatment.

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Are We a Violent Nation?

THERE HAS BEEN violence in this world for a long time, probably since long before recorded history. We like to think of ourselves as a peaceful nation. Certainly we yearn for

peace, even while we are upgrading our national armaments as a deterrent against needing to use them. Even so, we found ourselves in four major armed conflicts in the name of peace during the present century. There surely was violence in these conflicts, but this violence was deemed necessary, and, in the context of the times, even unavoidable. But does this mean that we are really not a violent nation? By one means or another we seem to have acquired most of what we need, and as a nation we have no reason for aggression or to use violence to achieve expansionist goals. In fact quite the contrary—we would like nothing more than to live in a world genuinely at peace. Some other nations are less fortunate, and some are aggressive and may even resort to violence in an effort to achieve their perceived goals. So it seems certain that there will continue to be violence in the world in which we live.

But when we look at ourselves internally there is considerable evidence that many Americans really must enjoy violence for whatever reason. One needs only to watch the newscasts on television, read the newspapers, scan the offerings at the movies (particularly the violent and horror movies so enjoyed by young people), to sense that the public at large must have more than a casual interest in violence, not to mention crime. Even the "Star Spangled Banner," the national anthem, has its "bombs bursting in air," while the more peaceful "America the Beautiful" has never achieved status as our national anthem.

One can only wonder if there is a difference between what we say we are—a peace-loving people—and the aggressive, competitive people we seem to be, also a people that somehow enjoys or seems to get some satisfaction—vicarious or otherwise—out of violence. One can only guess at what effect all this imagery of violence has on our people, especially the young people. When one sees small boys gleefully shooting at passing automobiles (or at each other) with toy hand guns, one can only wonder where they got the idea. And their parents may very likely have given them the toy guns and, if so, where did they themselves get the idea? It is hard to believe that such things do not reflect a tacit acceptance of violence as a more or less integral part of the life of this nation and a tacit acceptance of a special interest in violence by the media.

Americans must remain an aggressive and competitive people if they are to hold their own in this modern world. They must learn how to be aggressive and competitive in an aggressive and competitive world, and many of them must learn this through the imagery of the news media. But must we accept or condone the exploitation of violence that we see all about us, recognizing that this very exploitation can lead to further violence that can then be exploited?

Physicians are familiar with the aftermath of violence. They try to repair the injuries, whether physical or emotional or both. They know the cost in dollars and human misery. Perhaps it is time for the medical profession to be more active in the prevention of violence, if not aggressiveness. True, the profession has already spoken out against violence, perhaps even with some effect. But the imagery not only persists, it is thriving. Physicians are respected when they speak with authority on matters of illness and injury. Perhaps it is time to document the correlation between violent imagery and violent action, and then to speak and act even more forthrightly in the interests of patients, the public in this matter, as we proceed in our quest for a healthier nation.

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